

## DEPARTMENT OF CONSUMER AFFAIRS

**Bureau of Home Furnishings  
and Thermal Insulation (BHFTI)  
LICENSING**

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West Sacramento, California 95798-0580  
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**APPLICATION FOR LICENSE - GENERAL INFORMATION**

**It shall be unlawful for any person to engage in a business regulated by the Home Furnishings Act unless, at the time of doing so, he/she holds a valid, unexpired license to engage in such business** (Home Furnishings and Thermal Insulation Act, Article 3, Section 19049). The Act applies to upholstered furniture, bedding, and filling material sold or offered for sale in California regardless of point of origin. To obtain a license, an applicant shall submit a completed application (Section 19050) with an **original signature**. ***The application shall be made on the following Application for License and shall be submitted to the BHFTI Licensing along with the appropriate fee.***

**It is mandatory that you complete this application with all information that pertains to your business.** Omission of any item of requested information will result in a delay of the application process and issuance of a license.

**Every person who is subject to licensure shall obtain a separate license for each business location.** Anyone whose manufacturing plant is located in another state or foreign country, and who is licensed to manufacture upholstered furniture or bedding or filling material for sale in California, may have one wholesale outlet operated in the same name in California, covered by the license issued to the factory (Section 19060).

**Every person who, on his or her own account, sells either directly or indirectly** to any person either at wholesale or retail any merchandise subject to the Home Furnishings Act by means of a car, catalog, office or in any other manner, shall obtain the proper license for each method of sale or distribution (Section 19060.5).

**Disclosure of the owner(s) social security number(s) (SSN) and federal employer identification number (FEIN), if you are a partnership is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 authorizes collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order of family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, your application for initial or renewal license will not be processed, and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**BUSINESS WITH MULTIPLE LOCATIONS**

If your business has seven (7) or more locations, you may establish your licenses as a chain. All locations in a chain have the same license expiration date. Licenses, renewal notices, renewal invoices and correspondence are mailed to one address of the chain's designation. No fee is required for the chain application, however, license fees are required for each location in the chain. To establish your businesses as a chain, please contact BHFTI Licensing.



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## Bureau of Home Furnishings and Thermal Insulation



## APPLICATION FOR LICENSE

Make checks or money orders payable to Bureau of Home Furnishings and Thermal Insulation. Checks or money orders must be from a United States bank in United States currency. Do Not Send Cash. Each license is issued for a 2-year period. **Read all information prior to completing this application. You must complete all information in Sections 1, 2, 3, and 4 that applies to your business. An original signature is required to process the application. Please print neatly or type. Omission of any item of requested information will delay the issuance of a license.**

Please check the box that indicates the type of license you are applying for:

- ☐ (MFG) Furniture & Bedding Manufacturer, \$650    ☐ (A) Furniture Retailer, \$120  
☐ (WHL) Furniture & Bedding Wholesaler, \$540    ☐ (H) Bedding Retailer, \$120  
☐ (M) Furniture & Bedding Retailer, \$240    ☐ (B) Custom Upholsterer, \$360  
☐ (L) Sanitizer, \$360    ☐ (E) Supply Dealer, \$540

**For Department Use Only**

Receipt #:

Fee:

File I.D.#:

Class or Type:

License #:

Registry #:

**SECTION 1: Applicant Information**

1) Name of Business		Name of Parent Corporation			
2) Area Code & Phone Number (    ) -	Area Code & Fax Number (    ) -	Web Site Address (URL):			
3) Address of Business (Address of Record)		City	State	Zip Code	Country
4) Mailing Address		City	State	Zip Code	Country
5) Contact Person		E-Mail Address			
6) Have you or your firm ever held a license issued by the BHFTI? Yes <input type="checkbox"/> No <input type="checkbox"/>					
License #		Expiration Date			
7) Do you plan to use the registry number of another state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach a copy of your valid license from the other state.					
8) Print owner's name(s), address(es), and social security number(s) (SSN). If a partnership, also list FEIN number. If owned by a corporation, print the names and addresses of two or more corporate officers. If additional space is needed, provide the information as an attachment.					
Name		Title or Position			
SSN		FEIN			
Address		City	State	Zip Code	
Name		Title or Position			
SSN		FEIN			
Address		City	State	Zip Code	

<b>SECTION 2: Business Activities</b> (Please check the types of business activities in which you are engaged)			
<input type="checkbox"/> Manufacture furniture	<input type="checkbox"/> Manufacture bedding	<input type="checkbox"/> Supply dealer	<input type="checkbox"/> Custom upholsterer
<input type="checkbox"/> Wholesale furniture	<input type="checkbox"/> Wholesale bedding	<input type="checkbox"/> Sanitize bedding	<input type="checkbox"/> Renovate/rebuild bedding
<input type="checkbox"/> Retail furniture	<input type="checkbox"/> Retail bedding	<input type="checkbox"/> Sales via the Internet	<input type="checkbox"/> Catalog sales
<b>SECTION 3: Please check the products below that you will be licensed to manufacture, wholesale, supply, retail, or sanitize under the Home Furnishings Act</b> (Check all boxes that apply)			
Manufacture:			
<input type="checkbox"/> Upholstered chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Rebuilt Mattresses
<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Other _____
<input type="checkbox"/> Battings/Loose Fill	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Children's Furniture & Bedding	
Wholesale:			
<input type="checkbox"/> Upholstered chairs	<input type="checkbox"/> Sofas	<input type="checkbox"/> Children's Furniture & Bedding	<input type="checkbox"/> Rebuilt Mattresses
<input type="checkbox"/> Futons	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Other _____
<input type="checkbox"/> Battings/Loose Fill	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Comforters/Pillows	
Supply Dealer:			
<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/> Cotton Batting	<input type="checkbox"/> Synthetic Batting	<input type="checkbox"/> Loose Fill <input type="checkbox"/> Fabric
Retail:			
<input type="checkbox"/> Upholstered chairs	<input type="checkbox"/> Mattresses	<input type="checkbox"/> Rebuilt Mattresses	
<input type="checkbox"/> Futons	<input type="checkbox"/> Stacking Chairs	<input type="checkbox"/> Children's Furniture & Bedding	
<input type="checkbox"/> Sofas	<input type="checkbox"/> Comforters/Pillows	<input type="checkbox"/> Other _____	
Sanitize: (Check the type of sanitation method you will use)			
<input type="checkbox"/> Dry Heat <input type="checkbox"/> Chemical Disinfectant			
<b>SECTION 4: Certification</b>			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Additionally, I understand that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Home Furnishings and Thermal Insulation.			
<b>Individual or Partnership:</b> Note: An application for Partnership must be signed by each partner.		<b>Corporation:</b> Note: An application for a corporation must be signed by the President, Vice President or Secretary.	
Signature _____ Date _____		Signature _____ Title _____	
Print Name _____		Print Name _____ Date _____	
Signature _____ Date _____		Signature _____ Title _____	
Print Name _____		Print Name _____ Date _____	

<b>TERM:</b> Upholstered furniture	<b>DEFINITION:</b> Any furniture, including children's furniture, movable or stationary, which is made or sold with cushions or pillows, loose or attached, or is itself stuffed or filled in whole or in part with any material, is or can be stuffed or filled in whole or in part with any substance or material, hidden or concealed by fabric or any other covering, including cushions or pillows belonging to or forming a part thereof, together with the structural units, the filling material and its container and its covering which can be used as a support for the body of a human being, or his or her limbs and feet when sitting or resting in an upright or reclining position. This does not include furniture used exclusively for the purpose of physical fitness and exercise.
Bedding	Any quilted pad, packing pad, mattress pad, hammock pad, mattress, comforter, quilt, sleeping bag, box springs, studio couch, pillow or cushion made of leather, cloth or any other material, which is or can be stuffed or filled in whole or in part with any concealed substance or material, which can be used by any human being for sleeping or reclining purposes.
Filling material	Cotton, wool, polyurethane foam, polystyrene beads, kapok, feathers, down, hair, liquid, or any other material, substance, or any combination thereof, loose or in batting, pads, or any other prefabricated form, concealed or not concealed to be used or that could be used in articles of bedding or upholstered furniture.
Registry Number	The location of every manufacturer, custom upholsterer, sanitizer, supply dealer or importer who manufactures shall bear a separate registry number. A registry number uniquely identifies each location (branch house) of a licensed manufacturer, custom upholsterer, importer, sanitizer, or supply dealer. The registry number must appear on the law label that is attached to all upholstered furniture, bedding or filling materials.

<b>LICENSE TYPE:</b>	<b>DESCRIPTION:</b>
* Furniture and Bedding Manufacturer	Manufactures, upholsters, reupholsters, sanitizes, wholesales, retails and supplies filling material and fabrics for upholstered furniture and/or bedding products.
* Furniture and Bedding Wholesaler	Wholesales (for the purpose of resale) or retails upholstered furniture and/or bedding products.
* Furniture and Bedding Retailer	Retails both furniture and bedding products.
Furniture Retailer	Unless he/she holds one of the combination licenses marked * above, a furniture retailer shall hold a Furniture Retailer's license to retail furniture products.
Bedding Retailer	Unless he/she holds one of the combination licenses marked * above, a bedding retailer shall hold a Bedding Retailer's license to retail bedding products.
Sanitizer	Sanitizes bedding products, or filling materials. Every sanitizer, unless he or she holds a license as an upholstered furniture and bedding manufacturer, retail furniture and bedding dealer, retail bedding dealer, or a custom upholsterer, shall hold a sanitizer's license.
Supply Dealer	Supplies fabrics and filling material, concealed or not concealed, to be used or that could be used in or on upholstered furniture and/or bedding products.
Custom Upholsterer	Unless he/she holds a Furniture & Bedding Manufacturer's license, a custom upholsterer shall hold a Custom Upholsterer's license to repair, reupholster, re-cover, restore or renew upholstered furniture and retail articles of furniture.